

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 0 3

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440 Support B

7. FEDERAL BUDGET IMPACT:

a. FFY⁰² \$ 0

b. FFY-3 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 37c and 37c.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-A, page 37c
(MS-95-60)

10. SUBJECT OF AMENDMENT:

Expand the types of and

places where nurse-midwife services may be payable. These changes are being made per
CMS direction and guidance relative to compliance with applicable federal regulations.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

3-27-02

16. RETURN TO:

Director
Department of Human Services
Hoover State Office Building
Des Moines, IA 50319-0114**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

04/02/02

18. DATE APPROVED:

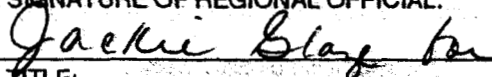
JUL 01 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

02/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

cc:
Rasmussen
Anderson
CO
DSG/DIATA

SPA CONTROL

Date Submitted: 03/27/02

Date Received: 04/02/02

LIMITATIONS ON SERVICE

17. NURSE-MIDWIFE SERVICES

- a. Coverage is limited to nurse-midwives who have a current active license as an advanced registered nurse practitioner and possess evidence of certification as a nurse-midwife by the American College of Nurse-Midwives.
- b. Services of a certified nurse-midwife are payable when the following criteria are met:
 - (1) The services provided are within the scope of the practice of certified nurse midwifery, including the management of care of normal newborns and women, antepartally, intrapartally, postpartally or gynecologically. Physician-delegated functions, beyond normal nurse midwifery or advanced practice nursing requires a "collaborative practice agreement," as defined under Iowa Board of Nursing rule 655—7.1.
 - (2) The nurse-midwife may perform the infant's neonatal examination and other care or services, consistent with Iowa nursing law and rules. The nurse-midwife shall provide for the referral of the child for postnatal pediatric care, as necessary and appropriate, consistent with Iowa nursing law and rules.
 - (3) The nurse-midwife shall have promptly available the necessary equipment and personnel to handle emergencies.
 - (4) Except for emergencies, payment will be made for birthing services provided by a nurse-midwife only in birth centers, hospitals, ambulatory surgical centers, or the mother's usual residence, or any other location in which the nurse-midwife is legally authorized to provide services under state law.

Other services of a certified nurse-midwife may be provided in duly licensed birth centers, hospitals, ambulatory surgical centers, the mother's usual residence, or any other location in which a nurse-midwife is legally authorized to provide service under state law.
 - (5) The nurse-midwife providing services in other than a hospital shall negotiate a written agreement with one or more hospitals for the prompt transfer of patients requiring care.
 - (6) The nurse-midwife shall maintain a current and complete medical record for each patient and shall have the record available for reference.
 - (7) Payment may be made to nurse-midwives directly, without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

State Plan TN # MS-02-3Superseded TN # MS-95-60

Effective

Approved

FEB 01 2002JUL 01 2002

17. NURSE-MIDWIFE SERVICES (Cont.)

- c. Nurse-midwives providing vaccines which are available through the Vaccines for Children (VFC) program shall enroll in the VFC program and receive available vaccines thereby. Medicaid reimbursement shall not be made for vaccines available throughout the VFC program.

State Plan TN #	<u>MS-02-3</u>	Effective	<u>FEB 01 2002</u>
Superseded TN #	<u>None</u>	Approved	<u>JUL 01 2002</u>